

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		10/03-00
O.I.P.E. CLASSIFIER		12/296	10/10
FORMALITY REVIEW	AM		11-02-00
RESPONSE FORMALITY REVIEW	TZ	52947	03/20/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓ 9/24/00
2	✓ 3/1/01
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Claim	Date
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If more than 150 claims or 10 actions  
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